SOCIAL AND BEHAVIOR CHANGE AND HEALTH SYSTEM STRENGTHENING

USAID Bureau for Global Health, Office of Health Systems

January 2022

USAID
FROM THE AMERICAN PEOPLE

INTRODUCTION

WHAT IS SOCIAL AND BEHAVIOR CHANGE?

Social and behavior change programming is an approach that applies systematic insights about why people behave the way they do, and how behaviors change, to affect positive outcomes for and by specific groups of people. SBC interventions aim to influence key behaviors, social norms, and barriers that influence them by addressing individual, social, or structural determinants (factors) of desired changes. SBC can be grounded in several disciplines including strategic and mass communication, marketing, behavioral economics, policy/advocacy and community development. These are complemented by approaches such as systems thinking or human-centered design. In behavior-centered programs, all program interventions are designed to empower individual and collective changes and create enabling social, physical, market, and policy environments.

The selection of SBC approaches is often based on primary qualitative research with social and behavioral insight to inform product, program, and service design; a suitable mix of approaches might include social and behavior change communication (known as SBCC), social marketing, systematic community engagement, behavioral insights/behavioral economics, and others. Often, SBCC interventions include communication campaigns through mass media, social media, and/or other channels; interpersonal communication and outreach with health care providers, community leaders, policymakers; community dialogues with groups like women's groups or other social networks; and others.

WHAT IS HEALTH SYSTEM STRENGTHENING?

Health system strengthening comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance. A high-performing health system is made up of a constellation of high-performing public and private health institutions that deliver high-quality health care that is accountable, affordable, accessible, and reliable. USAID's Vision for Health System Strengthening 2030 articulates three desired system outcomes - equity, quality, and resource optimization - that lead to positive health outcomes. The Vision also articulates critical elements of activities that lead to high-performing health systems: learning and adaptation; the building blocks representing the six core functions of a health system; the integration of optimized community health platforms into health and local systems; and cross-cutting approaches that include cross-sectoral linkages, enabling local organizations, and social and behavior change (USAID, 2021).
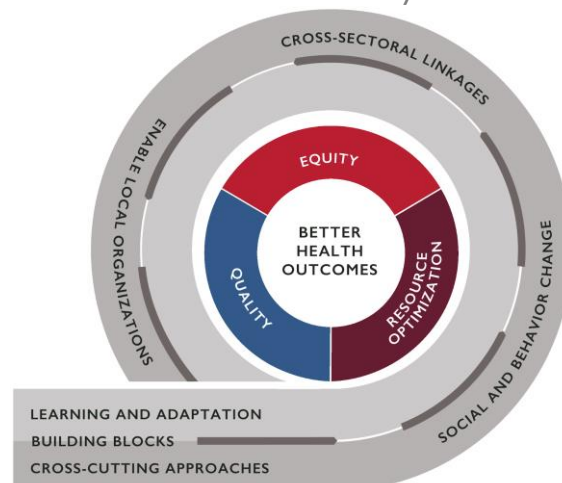

Figure 1: Social and Behavior Change within HSS

BRINGING THEM TOGETHER: WHAT ROLE DOES HUMAN BEHAVIOR PLAY IN A STRONG HEALTH SYSTEM?

Social and behavior change is a foundational and critical component of effective and sustainable HSS programming, yet the role SBC plays within HSS and the role HSS plays in SBC have both been poorly defined. HSS practitioners do not always feel comfortable and conversant in incorporating SBC methodologies and approaches into their work, and SBC practitioners can be disconnected from integrated efforts to strengthen health systems. Better understanding and collaboration is essential to improve our holistic approaches to health systems and recognize the multiple roles of behavior therein.

HSS assistance can integrate new and emerging evidence-based SBC methodologies and approaches into HSS efforts to address the social and behavioral drivers that affect health system performance and accelerate or impede positive health outcomes. SBC activities shape not only demand for accountable, affordable, accessible and reliable care, but can also address and support the behaviors of all people, communities, and organizations within the health system essential to the equitable provision of quality care (Naimoli, 2014).

Critical to the success of high performing health systems is the bidirectional relationship of SBC and HSS: High performing health systems enable all stakeholders, from clients to policymakers, to practice behaviors that support health, while the collective practice of these behaviors reinforces and strengthens the health system (Chee et al, 2012; Velez et al, 2014).

HSS should incorporate SBC to address behavioral barriers to HSS efforts, influence the behaviors of health system actors essential to the provision of quality services, or integrate new and emerging behavioral and social science methods and approaches into HSS efforts. This integration can help address behavior change of providers or policy makers, and increase chances for social change, which go beyond the accumulation of changes at the individual level and transform social norms and structures that influence individual decision-making (Waisbord, 2014). Improved inclusion of SBC approaches within HSS, and more awareness of HSS principles among SBC practitioners, can help make certain health practices more acceptable, link households to resources, services and networks, mobilize communities around uptake and service quality, and advocate for stakeholders to support such collective action. A review analyzing the role of health systems in producing social and behavior change to enhance child survival and development recommended that health systems strengthening models be used for accelerating behavior change across different levels of the health system. The review also noted evidence gaps regarding the documenting sustained effects of structural interventions or system reforms on behaviors at the population level (Velez et al).

EXAMPLE: SBC/HSS INTEGRATION

USAID worked to decrease HIV prevalence and mortality rate in Muheza, Tanzania. The desired behavior changes were to increase participation in HIV testing & treatment retention (beneficiary behavior), and to improve communication and linkages between health facilities and different types of community structures (system provider behavior). The HSS approach applied the Community Health System Strengthening (CHSS) model, part of an improvement approach which "draws on existing

---

formal and informal networks within a community, such as agricultural or women's groups, to support CTC providers and address gaps in community-based health services" ([Lunsford et al, 2015](#)). Results included an increase in the number of people tested regularly for HIV, a significant increase in the proportion of men being tested, and an increase in the number of referrals made by the HBC, as well as improvements to the referral tracking process.

Applying the CHSS model, this approach leveraged existing community resources to extend the reach of community-based health workers and create efficient information flows between facilities, HBC volunteers, and community groups. The implementing partners brought together representatives from local community groups, facilities, a home-based care (HBC) volunteer, and local government to constitute community improvement teams that identified local HIV and health gaps and developed and tested locally feasible strategies to bridge those gaps. Local staff members were trained to "coach" the community improvement team in each village. The teams also collaborated to collect and review health data from the local community to track needed changes and apply their findings. The teams incorporated health talks in their regular meetings and provided messaging for community group members to discuss at home. Applying QI methods at the community level with a behavioral lens through the CHSS model showed an increase in HIV testing and retention in care and strengthened the community health system.

Source: [USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project](#)

THE POPULATION, CLIENT OR PATIENT PERSPECTIVE

A strong health system enables people to maximize their health in several ways. In a strong health system, health becomes a shared responsibility between patient and healthcare workers and communities. A population who feels respected by the health system is more likely to feel confident and comfortable in seeking affordable, high-quality care, especially when culturally supported in doing so. People in these circumstances may be more inclined to access and utilize care as needed and can better practice healthy behaviors. In turn, a healthy population lessens the burden of chronic disease and the impact of disease burden on the health care system.

SBC supports these strong health system characteristics. For example, a strong health system considers the health literacy of the population a high priority. The Institute of Medicine considers health literacy "the degree to which individuals can obtain, process, and understand the basic information and services they need to make appropriate health decisions." A health-literate population leads to improved understanding of and possibly more commitment to healthy behaviors (nutrition, injury prevention, tobacco/alcohol, sexual/reproductive health, hygiene and sanitation) ([USAID](#)). SBC interventions, specifically SBCC interventions, can improve health literacy through direct approaches and by strengthening health providers' communication and counseling skills. Highly trained healthcare workers are foundational to a health literate population. They educate through simple and clear language, answer questions, refer and motivate patients to adhere to treatment and show respect for patients' concerns and desires. Similarly, high-quality care delivered by trained and responsive community health workers is an integral component of accessible, equitable, and high-quality health systems ([Warren et al, 2021](#)).
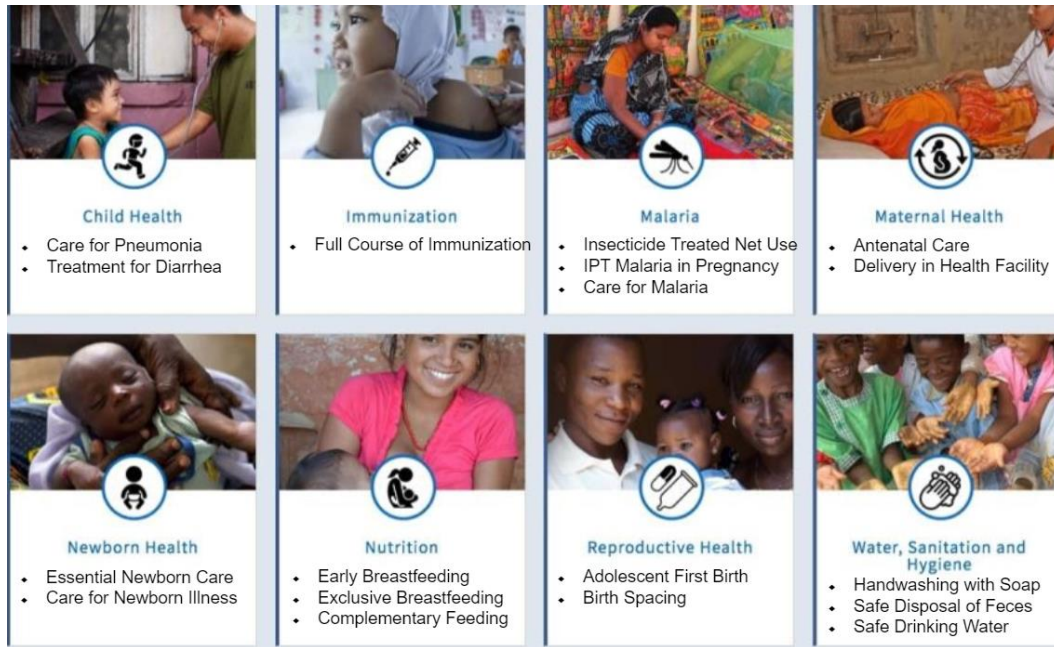
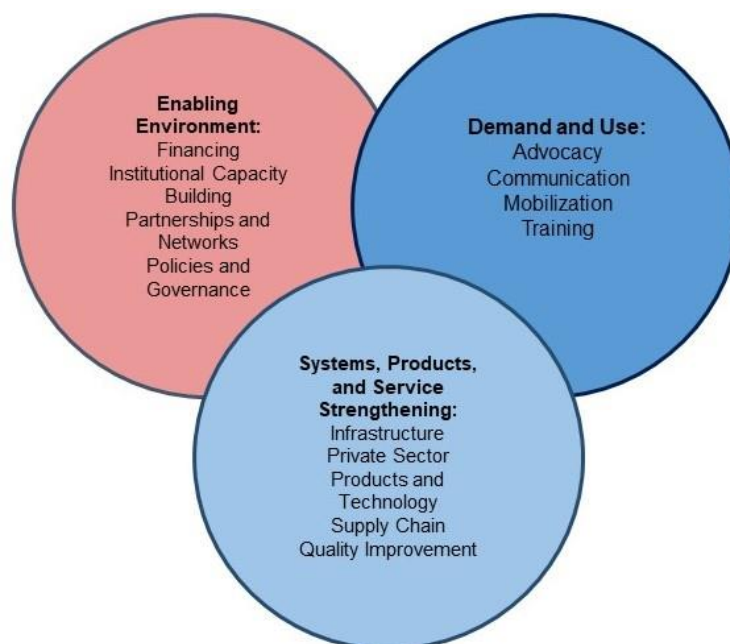*Accelerator Behaviors; USAID TRANSFORM Accelerate Project (2015-2020)*

THE HEALTH SYSTEMS ACTOR PERSPECTIVE

The health system is made up of health care providers, community members, community outreach workers, technicians, cleaners, logisticians, managers, supervisors, government workers, politicians etc. These "actors" are all human beings who have barriers and facilitators to their behaviors, and reasons for the jobs they choose, their decision-making, and their actions. These actions impact both the performance of the health system and the health of communities.

Use of social and behavior change theories and methods to address the underlying reasons for health system actor performance can improve the overall performance of the health system. Effective governance behaviors, such as fostering relations or nurturing trust, are key for strong, whole-of-society health systems (WHO, 2020). Approaches to building social capital have been found to improve communication and uptake of new ideas among groups, and specifically to facilitate inclusion of communities in the health policy process, improving health system accountability and governance (Ogden et al, 2014).

A better understanding of the constraints and barriers within the system that limits a health system actor's ability to do the expected job is valuable for health systems strengthening efforts that aim to develop stronger, more functional, and accountable systems with fewer of those constraints or barriers. For example, SBC may identify normative issues such as corruption as an underlying factor and address it through a mixture of traditional SBC approaches and social norm work. Engaging with communities and households will not only shed light on barriers to care-seeking but can also mobilize collective action to overcome them. Gathering social and behavioral insights from health system actors that help to design locally-contextualized policy and local solutions with community leadership can be key to successful behavior change and potentially to sustainable systems change (Farnsworth et al, 2014).

This logic model works in the other direction as well. Health system actors, especially health care providers and communities, are both priority audiences for behavior change efforts but also key change agents for affecting others' behaviors. Strengthening the health system to more effectively support and facilitate the health-supporting activities of health care providers and other actors within the system could improve the enabling environment for behavior change in individuals, communities and institutions. HSS program design should take into account the behaviors and behavioral drivers of all actors within the system.

Enabling Environment:
Financing
Institutional Capacity Building
Partnerships and Networks
Policies and Governance

Demand and Use:
Advocacy
Communication
Mobilization
Training

Systems, Products, and Service Strengthening:
Infrastructure
Private Sector
Products and Technology
Supply Chain
Quality Improvement

Illustrative Factors Affecting Behavior, Transform ACCELERATE and USAID

SBC AND HSS PRIORITY OUTCOMES

SBC contributes to all three USAID health system priority outcomes: quality, equity, and resource optimization.

QUALITY: *A quality health system is responsive to patient and population needs and utilizes data-informed, continuous process improvement to consistently provide safe, effective, trusted, and equitable health care and medical products to improve and maintain health outcomes for all people.* Social and behavior change plays a key role in facilitating access to high-quality health care within a strong health system. SBC's foundational use of design thinking considers the needs and interests of users in the design of services, ensuring that services respond to those needs and improve client's experience. For example:

- The social environment and the broader systems within which healthcare workers and clients interact influence the client perspective of the performance of health care workers and the quality of care they provide. SBC approaches can address a lack of trust and faith in national and local health systems to treat clients in a safe and effective manner.

- Social and behavior change activities can provide insights into why healthcare workers may not be providing quality care by analyzing and responding to underlying bias or social norms that

may be indirectly weakening access to high quality and equitable health care. Quality improvement methodologies explore how processes impact outcomes; these processes are influenced by behaviors and can be important to address with SBC approaches.

- Incorporating social and behavioral insights into how information and choices are presented by the health care worker to the client can have a significant impact on behaviors.

All of these aspects also have implications for equity, as described below. Further, SBC can help improve other aspects of quality as well. Efforts to reduce corruption, such as bribes, fraud, or informal payments in health system managers and leaders, can look at the potential drivers of corrupt behaviors as points of intervention. This might include shifting norms of professional behavior or involving the community in monitoring (Norberg and Vian, 2008), while addressing other "individual and systems level factors such as financial pressures, poorly managed conflicts of interest, and weak regulatory and enforcement systems" (Vian, 2019). SBC approaches can also "catalyse shifts in behavior towards more appropriate use of antimicrobials, including antibiotics, and reduce antimicrobial resistance (AMR)" (WHO Consultation, 2017). Awareness of AMR does not intrinsically lead to behavior change, but data-driven approaches using multiple messaging channels and other structural channels can help target key audiences, such as the public, prescribers, pharmacists, and policymakers, to reduce AMR.

EQUITY: *An equitable health system affords every individual a fair opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved, socially excluded, and vulnerable populations.* Social and behavior change is a critical component to ensuring active empowerment and participation of clients and providers in health care choice and decision-making, and such efforts must also be integrated as a key component of equity-focused programming. Communities, families, and healthcare workers prepared with the right skills, information, incentives and supportive norms can maximize equitable access to lifesaving commodities and high-quality health care. Social and behavior change approaches are needed in health care settings to reduce provider biases, increase provider motivation, and improve interactions among clients, providers and communities. Applying SBC approaches to improve provider supervision and mentorship, as well as to strengthen district-level management team functioning, offers further significant opportunities to advance more equitable care. SBC approaches are also needed in communities to promote more equitable norms (including gender norms) and to empower people to improve their own health and access to care, and to hold the health system to account (eg: HSSA, 2020).

Additionally, SBC and HSS practitioners are beginning to incorporate a more systems-oriented and complexity-aware lens, recognizing the structural and social determinants of health (SDOH) that underpin health inequities and considering how to advance structural and social change through SBC programming (Breakthrough Action, 2022; Alcantara et al, 2020). For example, one USAID project is documenting successful efforts to integrate SDOH into health workforce education as they design training, incorporating information on key behaviors and interventions outside the formal health sector (e.g., early childhood development, education, and employment) to facilitate a more impactful approach to health care provision (LHSS, 2021). Another project aimed to improve the nutritional status of pregnant and lactating women and children. The multi-sectoral project incorporated aspects including: 1) implementation of community-focused SBC and social mobilization activities to improve the quality of community-based care and promote the adoption of recommended behaviors; 2) addressing key SDOH by working with local agriculture organizations to introduce locally available nutrient-rich products and

new techniques to safely store foods longer; and 3) strengthening the links between the community and local health care systems - aspects adopted by the local government (Manning et al, 2020). These integrated approaches can reduce health inequities by addressing systemic SDOH barriers, strengthening the health system, and shifting the behavior of health system actors.

EXAMPLE: SOCIAL ACCOUNTABILITY AND SBC

Social accountability works to increase the degree that government and service providers are accountable for their conduct, performance, and management of resources. Social accountability activities are a mechanism that is used to change behavior, but also is itself a social and behavior change exercise. Social accountability efforts amplify community voices and create collective action that inspires or supports behavior and norm changes of community members. Successful social accountability efforts reinforce the behavior of health care providers, managers and program implementers at the service provision level and can also influence policymakers and other leaders' behaviors related to their leadership and governance of the health system by addressing the norms of responsive leadership. Efforts to change norms and behaviors along the responsiveness continuum, from the community level to system leaders, require a supportive health system to be successful. Together, they also strengthen the system's performance.

Improving Linkages between Social Accountability and Social and Behavior Change: A Preliminary Report of Country Data Collection for Cote d'Ivoire, Ghana, and Guinea (acceleratehss.org)
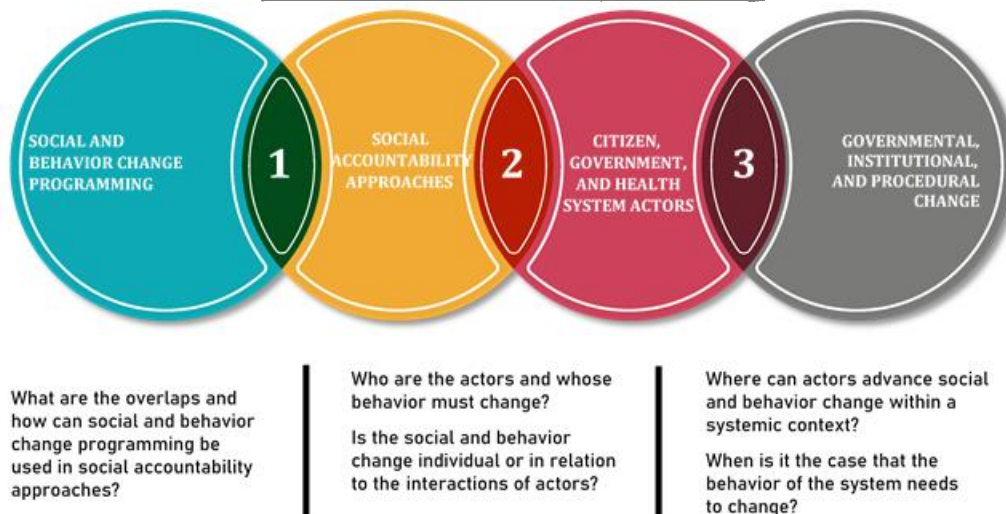
RESOURCE OPTIMIZATION: *Resource optimization ensures that partner-country health systems adopt sustainable approaches to mobilize, allocate, and use their various resources efficiently, effectively, and transparently to meet population health needs.* Behavior-driven approaches can facilitate the development and sustainability of adequate commitment to develop and implement resource mobilization plans, improve the stewardship of health systems resources, and improve individuals' use of financial protection products and resources. HSS activities can utilize the power of structural interventions, such as new policy development, to facilitate social and behavior change among health system leaders, professionals, organizations, and community members. SBC approaches can influence those who are

making policy and resource allocation decisions that have system-wide implications for equity, quality, and sustainability. Improving the efficient, equitable and effective use of resources requires the health workforce and health system leadership to create norms around accountability/good governance, responsiveness to community needs, and shared responsibility and shared power for resource allocation and decision-making with community members.

SBC can also be incorporated in financing programs to better anticipate and meet the needs of individual end users. For example, SBC can help countries and partners to effectively design insurance schemes with the end user in mind, and to market insurance to the users to drive uptake. A recent literature review on digital financial services found that "governments, donors, and private sector stakeholders should consider developing an integrated bundle of financial services for health that leverage both digital distribution and marketing channels as well as community-based engagement mechanisms which can foster positive behavior and social norms, increase trust and consumer confidence, and ultimately advance financial protection..." For digital health insurance in particular, "pairing digital financial services with communication technologies such as SMS, telemedicine, and chatbots can efficiently create awareness and enhance behavior change initiatives" (Mangone et al, 2021). There is more work to be done to understand how and when SBC should be integrated more explicitly into resource optimization approaches and programs to better meet population health needs.

MEASUREMENT AND MONITORING

Monitoring system-wide changes can include tracking changes in behavior among the systems' stakeholders and the effects on HS performance (HSS MEL Guide). Performance of the U.K. health system was improved, for example, in part through incorporating the implementation of mechanisms to monitor and support needed behavioral change. Theories from the fields of behavioral science and organizational behavior are relevant to understanding causes of health system performance and how to improve it (Berman and Bitran, 2011). Extensive work on approaches to design and implement programs that define outcomes as specific behaviors, ensuring that strategy, project and activity design are behavior-led, not intervention-driven, has been done under the Transform Accelerate Project.

However, a recent review explored peer-reviewed examples of how behavioral indicators are built into HSS activities, including for program evaluation and how or whether behavior change is measured as an HSS program outcome, and found limited published research that included both an HSS approach and an explicitly articulated SBC metric or behavioral objective. The SBC components are frequently implicit and are not clearly described in related publications. In some instances, even when behavior change was stated as a goal of the study, behavior change of program beneficiaries was not explicitly measured. Support of community health volunteers (CHVs) and quality improvement (QI) techniques were found to be HSS approaches that commonly incorporated explicit SBC elements, and provide examples of program design, monitoring and research at the HSS/SBC nexus (see examples in unpublished matrix).

CONCLUSION

HSS investments should consider:

- Explicitly including consideration of behavioral pathways and theories into HSS strategy development and HSS program design and implementation. See: USAID/Ghana's "Behavior-Led and Integrated" 2020-2025 CDCS.
- Incorporating behavioral metrics into HSS program monitoring, evaluation, research and learning (MERL), understanding the role of behaviors in the program's theory of change and including behaviors as key indicators of HSS program progress and impact. See: Think BIG: Behavior Integration Guidance and Review of Behaviors as Indicators In CHW and QI Programs.
- Incorporating SBC approaches to ensure all health system actors are engaged in strengthening the health system and holding the health system accountable. See: Improving Linkages between Social Accountability and Social and Behavior Change (HSSA); Global Health Science and Practice: Community Health Supplement; Velez Et Al, 2014.
- Supporting capacity-strengthening of the MOH to be the frontline resource for SBC efforts - policies, protocols, skills-building, organizational management capacity, use of digital, private sector engagement, etc as appropriate - and for the incorporation of SBC into country-driven HSS. See: Eight Principles for Strengthening Public Sector Social and Behavior Change Capacity (Breakthrough Action/JHUCCP, 2020) and Evaluating Capacity Strengthening for Social and Behavior Change Communication: A Systematic Review (Awantang et al, 2021).

SBC investments should consider:

- Incorporating a systems-oriented and complexity-aware lens to the design, implementation, and evaluation of SBC programs and activities. See: Breakthrough Action, 2022.
- Incorporating HSS outcome metrics, including measures for USAID's priority HSS outcomes (equity, quality, and resource optimization), into SBC program monitoring and measurement where appropriate. See: HSS Mel Guide and USAID's Vision for HSS 2030.
- Supporting capacity-strengthening of SBC practitioners to understand the linkages between SBC activities and the practice of health system strengthening, and more clearly identify their roles in advancing country-driven HSS. See: Breakthrough Research Learning Agenda.

This is an emerging priority area for USAID's Office of Health Systems under the Vision for HSS 2030 and the HSS Learning Agenda. For more information or to contribute to the work, please contact Kama Garrison (kgarrison@usaid.gov) and Rachel Marcus (rmarcus@usaid.gov).

Acknowledgements: Thank you to staff from USAID/Bureau for Global Health's Office of Health Systems and the GH SBC advisor team, as well as staff from Save the Children and the JHU Center for Communication Programs, for their helpful reviews, inputs and comments.